

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90103 046 ***150.00

DOCUMENT # P97000077383

1. Corporation Name
THE CHESHIRE CAT RESTAURANT INC.

Principal Place of Business

1010 CENTRAL AVENUE
C/O THOMPSON MANAGEMENT
NAPLES FL 34102
US

Mailing Address

1010 CENTRAL AVENUE
C/O THOMPSON MANAGEMENT
NAPLES FL 34102
US

2. Principal Place of Business

21 27080 OLD 41 ROAD

Suite, Apt. #, etc.

22

City & State

23 BONITA SPRINGS FL

Zip

24 34135

Country

25 US

2a. Mailing Address

26 27080 OLD 41 ROAD

Suite, Apt. #, etc.

27

City & State

28 BONITA SPRINGS FL

Zip

29 34135

Country

30 US

9. Name and Address of Current Registered Agent

THOMPSON, RICHARD G
~~1010 CENTRAL AVENUE~~
D/O THOMPSON MANAGEMENT
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3494404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81

Name RICHARD G THOMPSON

82

Street Address (P.O. Box Number is Not Acceptable)

83

27080 OLD 41 ROAD

84

City BONITA SPRINGS

State

FL

Zip Code

34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard G Thompson

DATE

3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVP
NAME THOMPSON, RICHARD G
STREET ADDRESS 1010 CENTRAL AVENUE
CITY-ST-ZIP NAPLES FL 34102

DELETE

TITLE T
NAME GUILIANO, KIM E
STREET ADDRESS 1010 CENTRAL AVENUE
CITY-ST-ZIP NAPLES FL 34102

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME RICHARD G. THOMPSON
1.3 STREET ADDRESS 27080 OLD 41 ROAD
1.4 CITY-ST-ZIP BONITA SPRINGS FL 34135

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard G Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

944 498 4477

CR2E034 (11/98)

0455033